

MEDICAL CONSENT FORM
TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Name: _____

Parent's Name: _____

We ask that each child enrolled in our school have a completed Medical Consent Form on file. Let it be understood that the school will only use this form in life threatening emergencies. In all instances, we will attempt to contact the child's parents. In case of an emergency we must act quickly. Please list below your emergency contact numbers.

Home Phone _____

Mom's Work Phone: _____

Cell Phone: _____

Dad's Work Phone: _____

Cell Phone: _____

Name and phone number of at least two other persons to be notified in case of illness or emergency during school hours, if the parents cannot be reached:

Name: _____

Phone: _____

Cell Phone: _____

Name _____

Phone _____

Cell Phone: _____

The Preschool staff assumes that the persons listed above have your permission to pick up your child in case of illness or other emergency.

AUTHORIZATION FOR ANOTHER TO CONSENT TO MEDICAL PROCEDURES DURING ABSENCE OF PARENTS

Date: _____

Name of Child: _____

Birth Date of Child: _____

Parent Names: _____

WE HEREBY APPOINT the staff of St. Mark's United Methodist Church Preschool located at 4780 E. 126th Street, Carmel, IN as the authority who, during our absence from _____, shall be authorized to consent for all medical

(child's name)

and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administrations of anesthesia, blood transfusions, diagnostic tests, etc.), which may be required during our absence. Without in any manner limiting the foregoing appointment and authorization, if circumstances permit, I/we would like to have our doctor consulted in connection with such medical and/or surgical treatment and/or special procedures.

Dr. _____

(Physician's Name)

(Physician's Phone Number)

List all allergies and current medications: _____

Its office and personnel and any physician providing medical or surgical services to any child named above may rely upon the consent of authorization executed by the above named appointee with the same force and effect as if personally executed by us.

The consent and authorization shall include and extend to all matters for which consent or authorization is required under the policies of the emergency caregiver. In consideration of the services, which are rendered to any child named above, pursuant hereto, we agree to pay for all such services.

 Parent Signature

 Parent Signature

In the event that this form is executed by only one parent, please state below the reason why the signature of the other parent cannot be obtained? _____

MEDICAL INFORMATION

Did your child experience any problems at birth? Yes No If yes, please explain: _____

Has your child ever been hospitalized? Yes No When? _____ Why? _____

Has your child experienced any serious illness? Yes No If yes, please explain: _____

What contagious diseases has your child had? Please indicate date or age.

Chicken Pox _____ Scarlet Fever _____ Mumps _____

Measles _____ Impetigo _____ Other _____

Does your child have frequent Colds Yes No Coughs Yes No Tonsillitis Yes No

Ear Infections Yes No Upset Stomach Yes No High Fever Yes No

Convulsions Yes No Seizures Yes No

Does your child have any known speech problems? Yes No If yes, please explain _____

Is your child toilet trained? Yes No

Has your child had a vision test? Yes No Results _____

Has your child had a hearing test? Yes No Results _____

Has your child had regular dental check-ups? Yes No Results _____

Is your child taking any regular medication? Yes No Describe _____

Does your child have allergies? Yes No Describe _____

Does your child have dietary restrictions? Yes No Describe _____

Signature of person completing this form: _____

Date: _____

Relationship to Child: _____